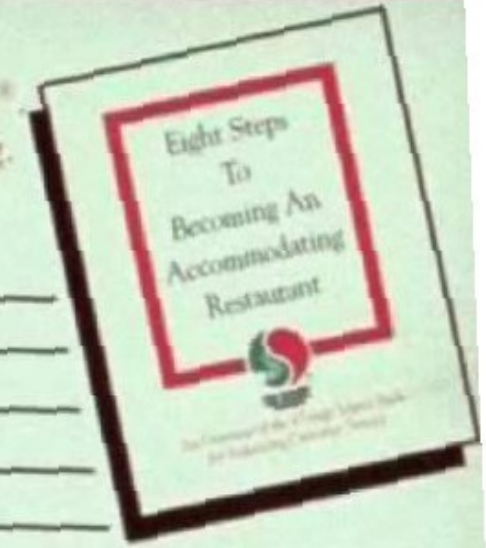
# YES, I'd like to participate in The Accommodation Program®.

Please send me the FREE Source Book and FREE materials catalog.




Your Name (Please print clearly.) _____

Your Title _____

Business Name _____

Business Address (No P.O. boxes please) _____

_____

City _____ State _____ Zip _____

Phone _____ Fax _____

(Check All That Apply.)

Restaurant: ❑ *Fine Dining* ❑ *Midscale* ❑ *Quick Service*

❑ Hotel ❑ Bowling Center ❑ Shopping Mall ❑ Stadium/Arena ❑ Bar/Tavern ❑ Airport

❑ Association ❑ Casino ❑ Other (Please specify.) _____

Chain Operator ❑ *Local* ❑ *Regional* ❑ *National*

❑ Independent Operator

Number of Locations _____

*2061037621*

❑ Yes, you may use my establishment's name as a participant of The Accommodation Program for consumer listings, advertising, and other promotional materials without further notice or payment of any fee or expense to me or my establishment as per my signature below.

Signature _____

The Accommodation Program, courtesy of Philip Morris Incorporated

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Source: https://www.industrydocuments.ucsf.edu/docs/zyfp0003